

HOUSE BILL REPORT

ESSB 6366

As Passed House - Amended:

March 3, 2006

Title: An act relating to preparation and response to pandemic influenza.

Brief Description: Concerning preparation and response to pandemic influenza.

Sponsors: By Senate Committee on Ways & Means (originally sponsored by Senators Keiser, Thibaudeau and Kline).

Brief History:

Committee Activity:

Health Care: 2/21/06, 2/23/06 [DPA];

Appropriations: 2/27/06 [DPA(APP w/o HC)s].

Floor Activity:

Passed House - Amended: 3/3/06, 98-0.

Brief Summary of Engrossed Substitute Bill (As Amended by House)

- Requires local health jurisdictions to develop pandemic flu and communicable disease preparedness and response plans.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass as amended. Signed by 9 members: Representatives Cody, Chair; Campbell, Vice Chair; Morrell, Vice Chair; Appleton, Clibborn, Green, Lantz, Moeller and Schual-Berke.

Minority Report: Do not pass. Signed by 6 members: Representatives Hinkle, Ranking Minority Member; Curtis, Assistant Ranking Minority Member; Alexander, Bailey, Condotta and Skinner.

Staff: Chris Blake (786-7392).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass as amended by Committee on Appropriations and without amendment by Committee on Health Care. Signed by 30 members: Representatives Sommers, Chair; Fromhold, Vice Chair; Alexander, Ranking Minority Member; Anderson, Assistant Ranking Minority Member; McDonald, Assistant Ranking Minority Member;

Armstrong, Bailey, Buri, Chandler, Clements, Cody, Darneille, Dunshee, Grant, Haigh, Hinkle, Hunter, Kagi, Kenney, Kessler, Linville, McDermott, McIntire, Miloscia, Pearson, Priest, Schual-Berke, P. Sullivan, Talcott and Walsh.

Staff: Amy Hanson (786-7118).

Background:

An influenza pandemic is a global outbreak of disease that occurs when a new influenza virus appears in the human population where it is easily transmitted between people and there is no immunity to it. In the 20th Century, there were three major influenza pandemics which spread around the world within a year. The Centers for Disease Control and Prevention estimates that a "medium-level" influenza pandemic could affect 15-20 percent of the American population and result in the death of 89,000 to 207,000 people and the hospitalization of 314,000 to 734,000 people in the United States.

In November 2005, the President's Homeland Security Council released the *National Strategy for Pandemic Influenza* which outlines the elements of three key areas of preparedness and response activities: (1) preparedness and communication; (2) surveillance and detection; and (3) response and containment. Specific activities include: planning for a pandemic; communicating expectations and responsibilities; developing, producing, stockpiling, and distributing medications; ensuring rapid reporting of outbreaks; using surveillance to limit spread of disease; containing outbreaks; leveraging national medical and public health surge capacity; sustaining infrastructure, essential services, and the economy; and ensuring risk communication. Among the roles for state and local government outlined by the strategy is the establishment of "comprehensive and credible preparedness and response plans that are exercised on a regular basis."

Summary of Amended Bill:

By June 15, 2006, the Secretary of Health (Secretary) must establish a template that includes requirements and performance standards for local health jurisdictions to use as the basis for assessing their capacity to respond to a pandemic disease outbreak or communicable disease outbreak. The template must include performance measures related to the activities described in the local health jurisdictions' pandemic flu and communicable disease outbreak preparedness and response plans (preparedness and response plans). The Secretary must develop a process for assessment of compliance with performance measures every two years. Local health jurisdictions must be in compliance with the performance measures by July 1, 2007.

By December 1, 2006, each local health jurisdiction must submit a preparedness and response plan to the Department of Health (Department). The plans must be consistent with the template established by the Secretary. Preparedness and response plans must be developed in consultation with public and private sector organizations including law enforcement, emergency management departments, school districts, hospitals, medical professionals, tribal governments, and businesses. Plans must address:

- public education and preparedness;

- disease surveillance, investigation, and response;
- availability and access to effective communication systems;
- disease containment capability, including isolation and quarantine;
- medical system mobilization, including linkages between organizations, mass vaccination plans, and conducting practice drills; and
- strategies for maintaining social order and essential public services.

The Department must develop a process for distributing funds to local health jurisdictions for developing preparedness and response plans by July 1, 2006. The process must include a formula for distributing funds that ensures a minimum funding amount for all local health jurisdictions. The preparedness and response plans must include an explanation of expenditures needed to implement them.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill contains an emergency clause and takes effect immediately.

Testimony For: (Health Care) When pandemic flu occurs, it will impact every aspect of people's lives and the economy. Washington cannot rely upon federal funding to prepare local governments for a pandemic. This bill outlines a structure of the necessary steps for a response to pandemic flu. This bill will build infrastructure for future years and create a basic core of preparedness.

This bill offers an opportunity to prepare equally across jurisdictions. There is a lot more work that needs to be done to prepare for pandemic flu.

Testimony For: (Appropriations) We have to keep in mind that we don't know when this flu or some version of a health crisis will occur, but it is incredibly important that we are ready for it. We have spent about \$12 million to date at the local level on planning activities. We estimate that we need \$22 million in order to do the job in the way that the local public health departments would like to do these activities. We are very grateful of the \$2 million in funding provided in the House budget, but there are some concerns on behalf of local health jurisdictions about unrealistic expectations given the lower level of funding provided in the budget. Whatever money is appropriated for this incredibly important subject, remember that tools developed on the local level to address a pandemic flu outbreak can be used for other activities of a similar nature.

Testimony Against: (Health Care) None.

Testimony Against: (Appropriations) None.

Persons Testifying: (Health Care) Senator Keiser, prime sponsor; Susie Tracy, Public Health Roundtable; Craig McLaughlin, State Board of Health; and Rick Mockler, Washington State Association of Local Public Health Officials.

Persons Testifying: (Appropriations) Susie Tracy, Public Health Roundtable.

Persons Signed In To Testify But Not Testifying: (Health Care) None.

Persons Signed In To Testify But Not Testifying: (Appropriations) None.